101880

## FORM D

#### UNITED STATES

# SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average hours per respo	
SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED

	·
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Project Platform	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	IRRE IIII ARRIA IIIAI KAARI IIRRA IIIRA IIIRA IIIRA
<ol> <li>Enter the information requested about the issuer</li> <li>Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)</li> <li>Silicon Optix Inc.</li> </ol>	04047843
Address of Executive Offices (Number and Street, City, State, Zip Code) 2025 Gateway Place, #360, San Jose, CA 95110	Telephone Number (Including Area Code) (408) 487-9290
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business  Development, market & sale of semiconductor devices & systems for digital video markets	
Type of Business Organization    Corporation   Iimited partnership, already formed	PROCESSED
	r (please specify):
Actual or Estimated Date of Incorporation or Organization:    Month   Year     0   6   20   00	Actual Estimated FINANCIAL tate:

### **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	the issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	
Full Name (Last name first, if individual)	
Russo, Paul	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2025 Gateway Place, #360, San Jose, CA 95110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General ar  Managing	
Full Name (Last name first, if individual)	
Wong, Alexander	
Business or Residence Address (Number and Street, City, State, Zip Code) 2180 Sand Hill Road, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General ar Managing	
Full Name (Last name first, if individual)	
Balen, John	
Business or Residence Address (Number and Street, City, State, Zip Code) 2884 Sand Hill Road, #115, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General ar  Managing	
Full Name (Last name first, if individual)	
Spoon, Alan	
Business or Residence Address (Number and Street, City, State, Zip Code)  1000 Winter Street, #3350, Waltham, MA 02451-1215	,
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General ar  Managing	
Full Name (Last name first, if individual)	
Pepper, Robert	
Business or Residence Address (Number and Street, City, State, Zip Code) 2025 Gateway Place, #360, San Jose, CA 95110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General ar Managing	
Full Name (Last name first, if individual)	
Rosch, Thomas	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2710 Sand Hill Road, 2 <sup>nd</sup> Floor, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General at  Managing	
Full Name (Last name first, if individual)	
Lee, Louie	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2025 Gateway Place, #360, San Jose, CA 95110	· · · · · · · · · · · · · · · · · · ·
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

	A. BASIC IDE	NTIFICATION DATA	· · · · · · · · · · · · · · · · · · ·	
Enter the information requested for the following     Each promoter of the issuer, if the issuer has b     Each beneficial owner having the power to vo     Each executive officer and director of corpora     Each general and managing partner of partners	een organized within the te or dispose, or direct the te issuers and of corporate	vote or disposition of, 10%		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Farzaneh, Hamid				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
2025 Gateway Place, #360, San Jose, CA 95110				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) <b>Baker, Scott</b>				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
2025 Gateway Place, #360, San Jose, CA 95110				,
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Polaris Venture Partners				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
1000 Winter Street, #3350, Waltham, MA 02451-1	215			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Canaan Partners				
Business or Residence Address (Number and Street, C 2884 Sand Hill Road, #115, Menlo Park, CA 94025	• • • •			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Apax Partners				
Business or Residence Address (Number and Street, C 2180 Sand Hill Road, Menlo Park, CA 94025	City, State, Zip Code)			
	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  InterWest Partners	,			
Business or Residence Address (Number and Street, C 2710 Sand Hill Road, 2 <sup>nd</sup> Floor, Menlo Park, CA	•		-	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			

		,			В.	INFOR	MATION A	ABOUT OF	FERING				
1, H	lac the i	iccuer cold	or does the is	suer intend t	a sell to no	n-accredited	investors in t	his offering?				Yes	No ⊠
т. п	ias uit i	issuci solu,	or does the is	suci intend t					inder ULOE.		***************************************	u	
2. V	Vhat is	the minimu	m investment	that will be				_		•••••		\$	N/A
2 5		00 1	*. * * .									Yes	No
			ermit joint ow n requested fo	<del>-</del>	_							$\boxtimes$	U
re	emuner	ation for sol	icitation of pu	urchasers in c	onnection w	ith sales of se	ecurities in th	e offering. I	f a person to b	e listed is an	associated		
			broker or dea to be listed a										
d	ealer oi	nly.			·								
Full Na None	ame (La	ast name fir	st, if individu	al)									
	ss or R	esidence Ac	idress (Numb	er and Street	, City, State	, Zip Code)							
					- · · · · · · · · · · · · · · · · · · ·		·						
Name	of Asso	ociated Brok	er or Dealer										
States	in Whic	ch Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers		·					·
(Che	eck "Al	II States" or	check individ	duals States)					***************************************			☐ AI	I States
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Full Na	ame (L	ast name fir	st, if individu	ial)									
Busine	ss or R	esidence A	ddress (Numb	per and Stree	t, City, State	, Zip Code)					¥ 1878		
Name	of Asso	ociated Brok	ker or Dealer				1						
States	in Whi	ch Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Ch	eck "Al	ll States" or	check indivi	duals States)		•••••	***************************************					□ A	Il States
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Full N	ame (L	ast name fir	st, if individu	ıal)									
Busine	ess or R	tesidence A	ddress (Numb	per and Stree	t, City, State	e, Zip Code)							
		1 1 1 1							_				
Name	of Asso	ociated Brol	ker or Dealer										
States	in Whi	ch Person L	isted Has Sol	licited or Inte	ends to Solic	it Purchasers	<u> </u>					<u>.                                    </u>	
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				(Use	blank sheet,	or copy and	use additiona	al copies of the	his sheet, as n	ecessary)			

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	· · · · · · · · · · · · · · · · · · ·
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$ <u>4,695,597.00</u>	\$ <u>4,695,597.00</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$0,00
	Partnership Interests	\$	\$0.00
	Other (Specify)	\$	\$0.00
	Total	\$ <u>4,695,597.00</u>	\$ <u>4,695,597.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregato
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	3	\$ 4,695,597.00
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		÷
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$ 0.00
	Regulation A	N/A	\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0.00
	Printing and Engraving Costs		\$0.00
	Legal Fees	$\boxtimes$	\$ 465,000.00
	Accounting Fees		\$0.00
	Engineering Fees		\$0.00
	Sales Commissions (specify finders' fees separately)		\$0.00
	Other Expenses (identify)		\$0.00
	Total	_	\$465,000.00

5.		C - Question 4.a. This difference is the "adjusted gross	d	\$_4,230,597.00
	Indicate below the amount of the adjusted grathe purposes shown. If the amount for any puleft of the estimate. The total of the paymen forth in response to Part C - Question 4.b ab			
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		. 🗆 \$	□ s
	Purchase of real estate		. 🔲 s	□ s <u>'</u>
	Purchase, rental or leasing and installation	of machinery and equipment	. 🗆 s	□ s
	Construction or leasing of plant buildings a	nd facilities	s	☐ \$
	Acquisition of other businesses (including t	the value of securities involved in this offering that may be s of another issuer pursuant to a merger)	□s	□ <b>s</b>
	-	or allower pursuant to a morgory	***************************************	<del></del>
	Other (specify):	. 🗆 \$	□ s	
	Column Totals		. 🗆 \$	<b>∑</b> \$ <u>4,230,597.00</u>
	Total Payments Listed (column totals	added)	. × 4,23	0,597.00
		en da l'Esper Esperit de model de l'épois de la proper de la la la despe		C. I.m. Usok manyar manang mga k
<u> </u>		D. FEDERAL SIGNATURE		of the second se
unde		y the undersigned duly authorized person. If this notice is filed uties and Exchange Commission, upon written request of its staff, Rule 502.		
Issu	er (Print or Type)	Signature	Pate	<del>-</del>
	con Optix Inc.		October 19, 2004	
	ne of Signer (Print or Type) l Russo	Title of Sigher (Print or Type) President and Chief Executive Officer		

j.		E. STATE SIGNATURE		New Holes in					
1.	Is any party described in 17 CFR 230.262 pres	sently subject to any of the disqualification provisions	of such rule?	Yes	No ⊠				
		See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to f	urnish to the state administrators, upon written reques	t, information furnished by t	the issuer to	offerees.				
4.	I. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	e issuer has read this notification and knows the horized person.	contents to be true and has duly caused this notice to l	pe signed on its behalf by the	e undersigne	d duly				
Iss	uer (Print or Type)	Signature	Date		·				
Sili	con Optix Inc.	Will William	October 19, 2004						
Na	me of Signer (Print or Type)	Fitle of Signer (Print or Type)							
Pau	ıl Russo	President and Chief Executive Officer							

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3	4					5		
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL				,							
AK											
ΑZ											
AR								-			
CA		Х	Series B Preferred Stock \$3,316,917.60	3	\$3,316,917.60	-0-	0.00		Х		
СО								-			
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